

Creating a Student -Run Clinic in Allentown

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Creating a Student-Run Clinic in Allentown

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Background

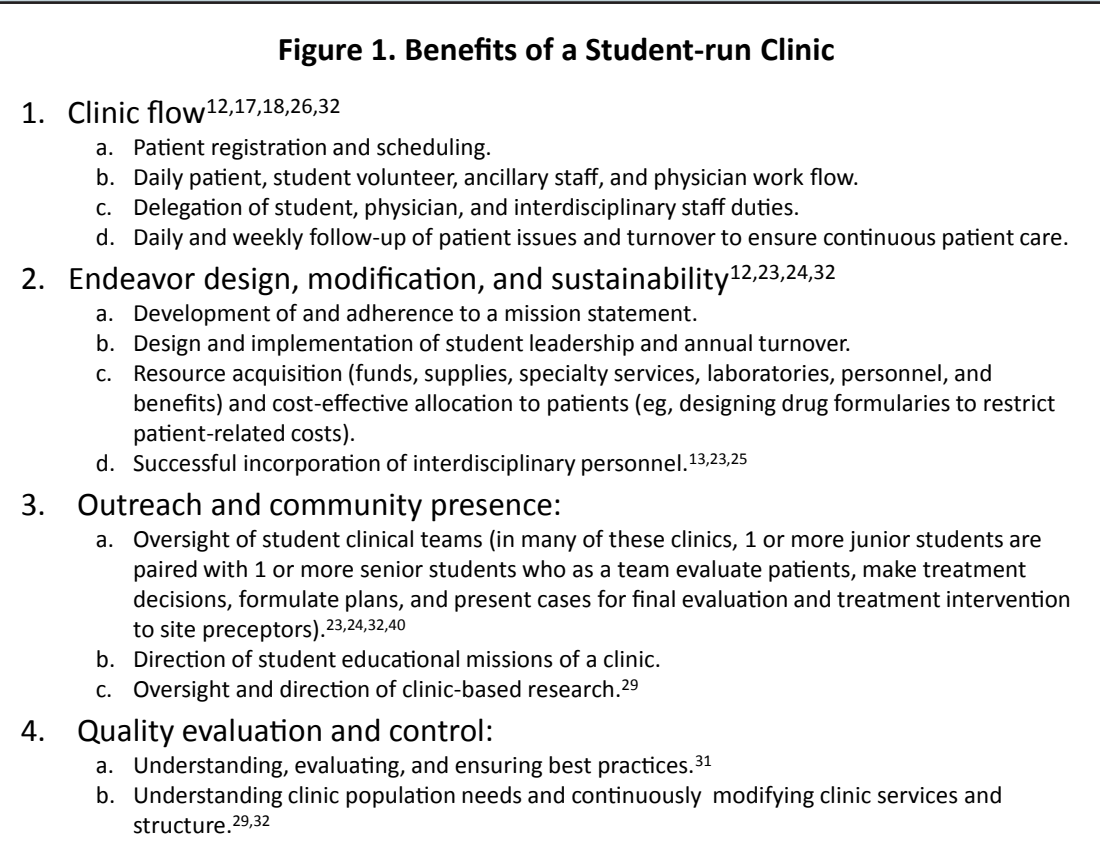
Student-run clinics have become a deeply ingrained part of the fabric of many medical schools. They provide a vessel for outstanding clinical learning and exposure to patients with challenging social scenarios early in a medical student's career. Perhaps most importantly, they are one of a very few chances that medical students have to prepare for running a practice, perform quality improvement studies and develop practical experience with health systems. These skills are becoming more important in the education of students whose careers lie in a field filled with ever changing policies and standards. In 2011, during our first year of medical school, we sought to develop a student-run clinic in Allentown, Pennsylvania.

Methods

The first stage of developing the clinic was extensive background research done on USF's existing student-run clinic, the B.R.I.D.G.E. Clinic. We learned as much as we could about the development, finances and daily operations of the clinic. To make sure that as many possibilities were explored, a trip to the national conference of the Society for Student-Run Clinics was taken. Oral presentations, poster presentations and lectures on potential clinic improvements and pitfalls were attended. All of this information was brought to Allentown during the summer between our first and second years of school. Allentown was researched demographically and the services LVHN provides were extensively looked into. The conclusion was drawn, prematurely, that fourteen existing free or reduced-cost clinics would overshadow the effects of a student-run clinic on the community. Attention was turned towards working with a budding project understanding and aiding patients who over-utilize and improperly utilize the health care system. This project became integrated into the third year curriculum and is ongoing. We revisited the idea of opening a student-run clinic. It has since launched and then stalled, with a re-launch to come over the next few months.

Results

In a national survey, -Agrawal, Huebner, Hedgecock, Sehgal, Jung, & Simon (2005) found that nearly half of their medical school respondents were dissatisfied with their current coursework in addressing health policy, healthcare delivery, and healthcare reform. One of the most valuable and easily attainable ways to accomplish such a goal is to use a student-run clinic. Figure 1 is one of the most comprehensive lists of proposed benefits to starting a student-run clinic, compiled from a literature review (Meah, Smith, & Thomas, 2009).



Patient-satisfaction at student-run clinics is an area of research that is growing quickly, but lacking in historical data. One such study was conducted by Ellett, Campbell, & Gonsalves (2010) at the Medical University of South Carolina and their Community Aid, Relief, Education and Support (C.A.R.E.S.) clinic. They collected fifty-two anonymous surveys from patients about their experience at the clinic. The survey consisted of the questions and scale depicted in the Table 1 below.

TABLE 1. Results from MUSC's C.A.R.E.S. Clinic Patient Survey
Patient Ratings of C.A.R.E.S. Clinic Services^a

C.A.R.E.S. Clinic Svc.	Poor (1 point)	Fair (2 points)	Good (3 points)	Very Good (4 points)	Excellent (5 points)	No Response	Mean Rating
Hours/days of operation	12 (12%)	15 (29%)	12 (23%)	10 (19%)	17 (32%)	0	3.02±1.29
Wait time	6 (12%)	11 (21%)	17 (32%)	10 (19%)	14 (27%)	2	2.96±1.21
Friendliness of staff	1 (2%)	1 (2%)	1 (2%)	1 (2%)	28 (53%)	4	4.33±0.95
Amount of time with supervising doctor	0 (0%)	3 (6%)	7 (13%)	10 (19%)	28 (53%)	4	4.31±0.95
Amount of time with supervising doctor	0 (0%)	2 (4%)	8 (15%)	8 (15%)	24 (46%)	10	4.25±0.94
Lab services	0 (0%)	2 (4%)	1 (2%)	1 (2%)	31 (59%)	35	4.41±1.00
Medications provided (prescriptions or samples)	1 (2%)	2 (4%)	1 (2%)	1 (2%)	18 (34%)	19	4.12±1.14

You can see that the clinic scored above a four out of five in friendliness of staff, amount of time with student doctor, amount of time with supervising doctor, lab services and medications provided. It scored less well in hours/days of operation and wait times, suggesting that optimizing clinic flow is a lesson that other clinics can work on being more cognizant of.

While the B.R.I.D.G.E. Clinic is unique, other schools around the country have their own clinics. In 2009, the University of Pennsylvania School of Medicine aimed to categorize (figure 2) all existing student-run clinics, their volume of patients seen and the services they offer. Learning about them at the SSRFC Convention was extremely valuable and each different clinic had something different to offer and learn from. Table 2 discusses many of these unique characteristics.

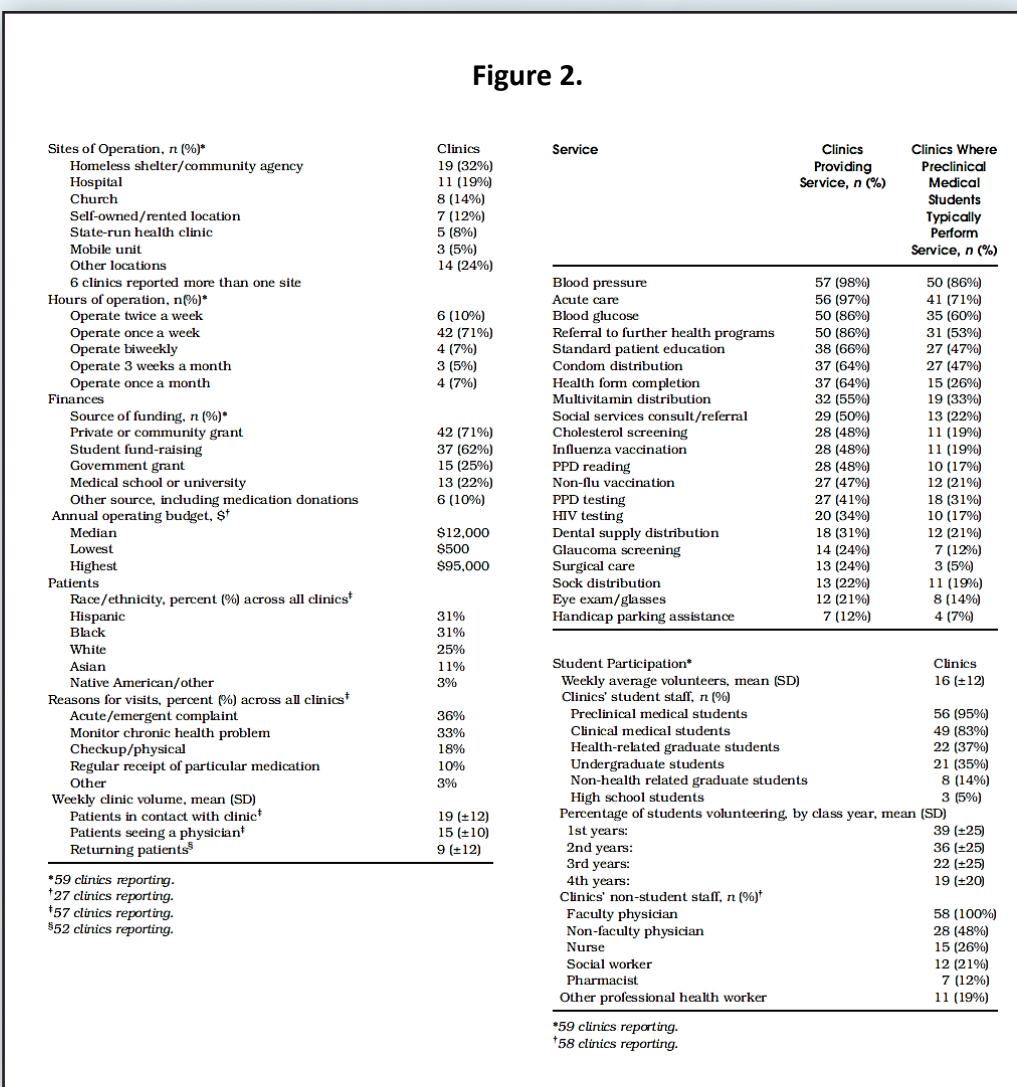
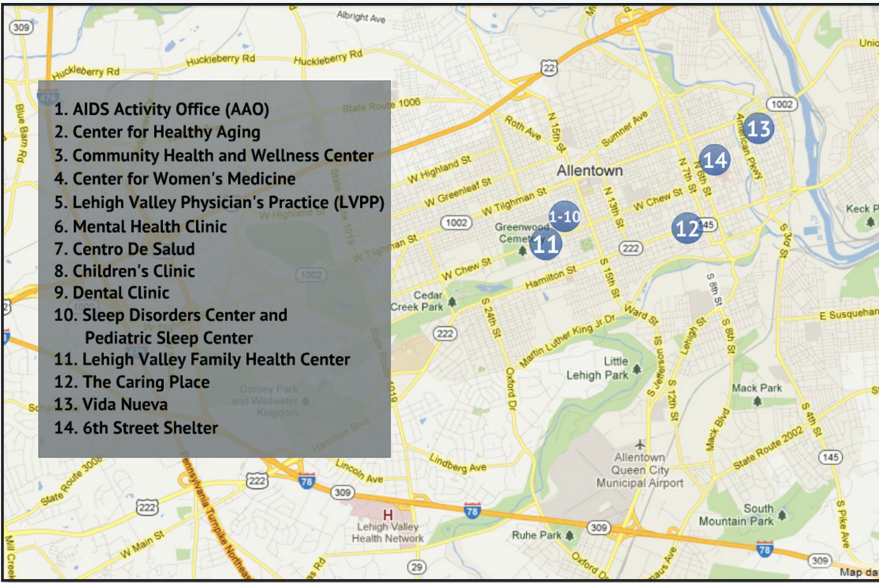


TABLE 2. Unique Qualities of Different SRC's Around the Country

School	Uniqueness (%)
UNMC	Provides services to veterans only
Conell	Mental health, exit survey
George Washington University	Patient-centered medical home
University of Mississippi	Tracks Q measurements like A1c and BP
University of Nebraska Medical College	Free classroom education
University of Minnesota	Pharmacy services
Mount Sinai	Dentistry
Florida	Mental health services via Skype



Discussion

Much was learned from studying the B.R.I.D.G.E. Clinic and other clinics around the country. Massive amounts of information were cataloged to increase the likelihood that a clinic in Allentown would learn from other clinics mistakes and successes. We used this information to launch the clinic in May of 2012, but promptly had to stop running as we had no fourth year medical students to run it. The clinic itself, although only up-and-running for a brief period, garnered outstanding early feedback from all participants. It stalled, however, when there were no fourth year medical students in town to help run the operations and relieve some of the burden on the supervising physicians.

Conclusions

The value that a student-run clinic would add to this program is clear. The benefits to the community as well as to the medical students are many. In a program that prides itself on teaching the principles of health systems, I feel that in the future a student-run clinic can be the site of many projects and much research on this subject. There is no question of the benefit to provide students an outlet to explore health systems before having to practice them on their own. Any potential drawbacks that may come would be not only be far outweighed, but a continuous process of performance improvement can be implemented to ensure that these are rectified as they appear.

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